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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

BU-02

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$380		
TOTAL CLAIMS (37 CFR 1.16(c))	14	minus 20 = * Ø	x \$ ____ =		OR x \$ ____ =	\$ ____
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * Ø	x ____ =		OR x ____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ ____ =		OR + ____ =	
				TOTAL \$380	OR TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ ____ =		x \$ ____ =	
Total (37 CFR 1.16(c))	*	Minus	**	=		x ____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=		+ ____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
					TOTAL		
						ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ ____ =		x \$ ____ =	
Total (37 CFR 1.16(c))	*	Minus	**	=		x ____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=		+ ____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
					TOTAL		
						ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ ____ =		x \$ ____ =	
Total (37 CFR 1.16(c))	*	Minus	**	=		x ____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=		+ ____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
						TOTAL	
							ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective November 10, 1998

Application or Docket Number

09/344,688

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	14	minus 20 = *
INDEPENDENT CLAIMS	3	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

4-22-05

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 14	Minus	** 20
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
	380.00	OR	760.00
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL	380	OR TOTAL	

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.